

Important Privacy Notice

Federal Rule of Civil Procedure 5.2 prohibits litigants in a non-habeas proceeding from submitting documents that contain personal information. Unless the Court orders otherwise, personal identifying information in Court filings must be limited as follows:

- Social security numbers, taxpayer-identification numbers, and financial **account numbers must include only the last four digits** (e.g., xxx-xx-1234)
- Birth dates must **include the year of birth only** (e.g., xx/xx/2000)
- Names of persons under the age of 18 must be indicated by **initials only** (e.g., A.B.)

You are responsible for protecting the privacy of this information in your filings. If your documents, including attachments, contain any information that does not comply with this rule, please black out that information before sending your documents to the Court.

REC'D NOV 29

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF PENNSYLVANIA

Paul Hall

(In the space above enter the full name(s) of the plaintiff(s).)

- against -

Septa

TWU Local 234

Judge Debra Bowers

Bethann Naples ESQ

David Stern ESQ

COMPLAINT

Jury Trial: ☒ Yes ☐ No

(check one)

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

I. Parties in this complaint:

- A. List your name, address and telephone number. If you are presently in custody, include your identification number and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff

Name

Paul Hall

Street Address

59 East Montana St

County, City

Philadelphia PA

State & Zip Code

PA 19119

Telephone Number

215-303-3841

- B. List all defendants. You should state the full name of the defendants, even if that defendant is a government agency, an organization, a corporation, or an individual. Include the address where each defendant can be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1 Name Septa
 Street Address 1234 Market Street 6th Fl Human resources
 County, City Philadelphia
 State & Zip Code PA 19107

Defendant No. 2 Name TWO Local 234
 Street Address 500 N. 2nd Street
 County, City Philadelphia
 State & Zip Code PA 19123

Defendant No. 3 Name Judge Debra Bowers
 Street Address 72 east Lancaster Ave FL 2
 County, City Malvern
 State & Zip Code PA 19355

Defendant No. 4 Name Bethann Naples Esq
 Street Address 1515 Market St Suite 1200
 County, City Philadelphia
 State & Zip Code PA 19102

II. Basis for Jurisdiction:

Federal courts are courts of limited jurisdiction. Only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case involving the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one state sues a citizen of another state and the amount in damages is more than \$75,000 is a diversity of citizenship case.

- A. What is the basis for federal court jurisdiction? (check all that apply)

☒ Federal Questions ☐ Diversity of Citizenship

- B. If the basis for jurisdiction is Federal Question, what federal Constitutional, statutory or treaty right is at issue? Employment discrimination and violation

to ADA

- C. If the basis for jurisdiction is Diversity of Citizenship, what is the state of citizenship of each party?

Plaintiff(s) state(s) of citizenship Plaintiff

Defendant(s) state(s) of citizenship _____

III. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

- A. Where did the events giving rise to your claim(s) occur? I got injured from work
pursued a WC claim found out the judge allowed things that
her questioning said what she would and would not. After my hearing
her questioning changed.
- B. What date and approximate time did the events giving rise to your claim(s) occur? _____

What
happened
to you?

- C. Facts: Found out after Victoria Dupree Miller filed criminal
charges that TWU Local 234 would not represent me.
So they allowed Stephen Walters to give false testimony
at my hearing about the CDL and my injuries. So
Brethann Naples notified judge Bowers that he was
a witness 2 days before my WC hearing. Stephen
was allowed to give testimony and present evidence
the day of the hearing which he admitted to
removing his name and letterhead off his letter.
My attorney did not object to the presentation
and he was allowed to submit tampered with
evidence onto the record. In his testimony he
stated us drivers may possibly have to use
our brake pedal on I 76 East and West. That
was a misleading statement. If the union
would have backed me contractually I would
not have lost my case and I would have
got a reasonable accommodation just
like Douglas Maddox. Doug Douglas and I are
both handicap and he got to do office work.

Who did
what?

Was
anyone
else
involved?

Who else
saw what
happened?

IV. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received.

I had a work related injury August 2016 which was a Catecholamine Surge. To date I suffer the lasting effects of that injury. I attached medical records, Business agent Victoria Poppre Miller pursued criminal charges against me and the court appointed psych doctor diagnosed me as pscho-Bipolar. Everything ties back in the 2016 work related injury which is being denied and withheld from my work history.

V. Relief:

State what you want the Court to do for you and the amount of monetary compensation, if any, you are seeking, and the basis for such compensation.

I am seeking \$550 million dollars in damages for fraud, discrimination, loss of wages medical and legal expenses, ~~pain~~ pain and suffering and mental anguish and ADA violations.

I declare under penalty of perjury that the foregoing is true and correct.

Signed this ²⁹~~7~~ day of November, 20 22.

Signature of Plaintiff

Mailing Address

Telephone Number

Fax Number (if you have one)

E-mail Address

[Signature]
59 E. Montana Street
Phila. PA 19119
215-303-3841

uptownph@gmail.com

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint. Prisoners must also provide their inmate numbers, present place of confinement, and address.

For Prisoners:

I declare under penalty of perjury that on this _____ day of _____, 20____, I am delivering this complaint to prison authorities to be mailed to the Clerk's Office of the United States District Court for the Eastern District of Pennsylvania.

Signature of Plaintiff: _____

Inmate Number _____

BREAKING NEWS Judge rules for plaintiffs, extends mask mandate for Perkiomen Valley

WATCH

38°

LOG IN

Chief: SEPTA bus driver was downloading child porn just before arrest

By Walter Perez

Monday, May 22, 2017

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EMBED <>

MORE VIDEOS

Bucks County man arrested on child porn charges. Walter Perez reports during Action News at 4 p.m. on May 22, 2017.

PERKASIE, Pa. (WPVI) -- A 57-year-old Bucks County man who works as a SEPTA bus driver is behind bars after being arrested for allegedly possessing child pornography.

When the FBI, along with several local police departments, raided the home of Douglas Maddox, they say they knew right away that their information was good.

"We went to the computer, he was actually downloading child porn as we were entering the house," New Britain Township Police Chief Robert Scafidi said.

The New Britain Township Police Department was part of the investigation in conjunction with the Crimes Against Children Task Force.

Chief Scafidi says the arrest was made three days ago and they are still processing the evidence.

"So far, all the forensics aren't done yet, but he had hundreds of downloads of files of child porn," Scafidi said.

Maddox has since been released on \$75,000 bail.

Action News went to his home in Perkasio on Monday to see if he would be willing to speak on camera about the case, but no one answered the door.

SEPTA officials say they are aware of the allegations and Maddox has since been reassigned to office duty pending the outcome of the investigation.

Investigators want to know if this case goes beyond video downloads. Anyone with any further information is urged to call police.

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RELATED TOPICS:

perkasio borough pennsylvania news septa child pornography

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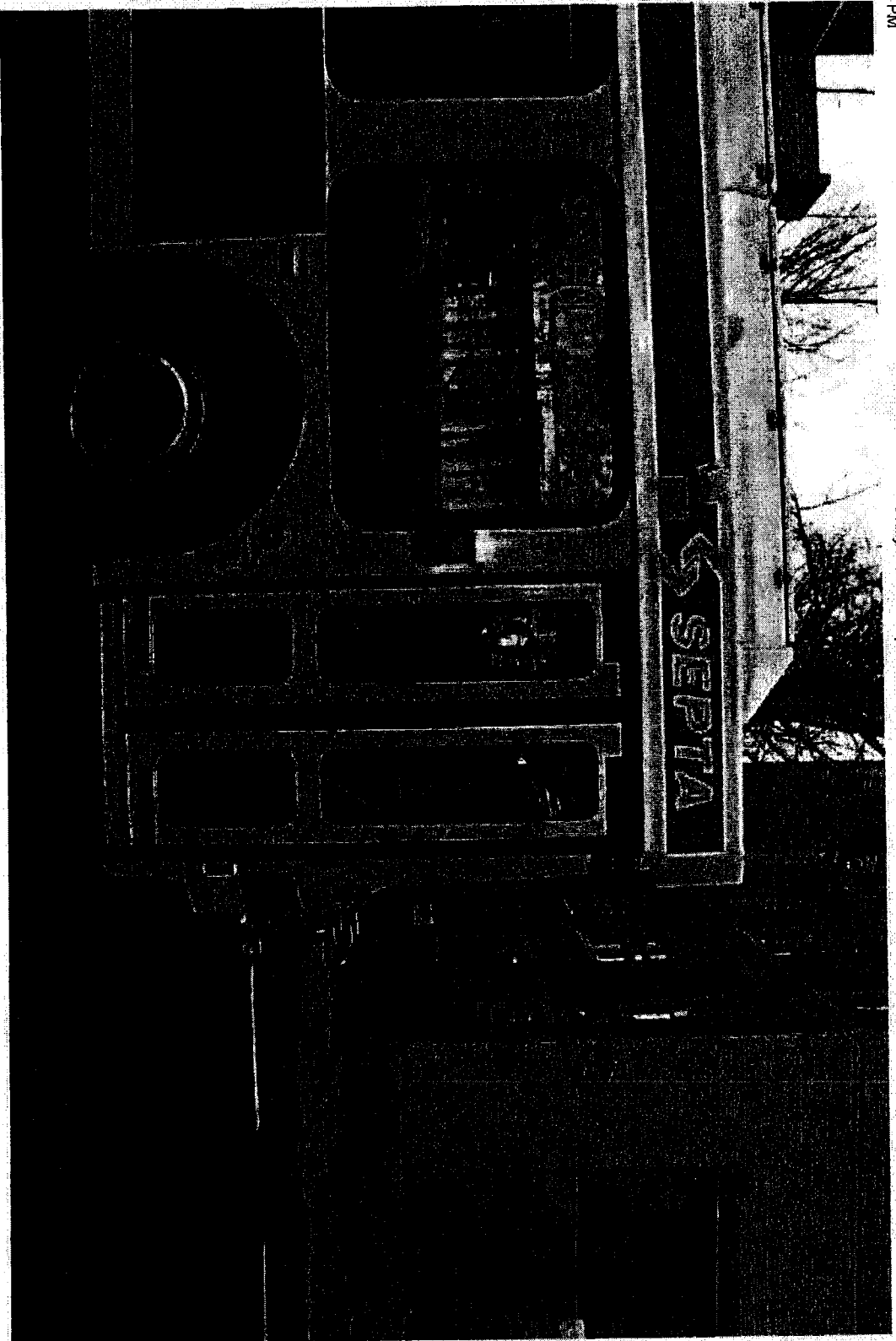
TWEET

EMAIL

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2/7/22, 4:13 PM

Philly NAACP chapter accuses SEPTA of 'toxic' work culture - WHYY



📷 A SEPTA bus travels west on Walnut Street. (Emma Lee/WHYY)

Over the weekend, the Philadelphia chapter of the NAACP accused SEPTA management of creating a "toxic" work environment among lower-level management of union-represented employees.

"Of course, their message are all different," said local NAACP President Badhan Muhammad. "But the one thing that seemed

disgruntled former workers.

SEPTA responded to the claims with a written statement: "SEPTA is committed to promoting diversity in all levels of its workforce and in all facets of the organization. We are dedicated to ensuring fair treatment for all employees, and take seriously any claims regarding racism, employee abuse or unfair termination. We welcome the opportunity to meet with Philadelphia NAACP President Rodney Muhammad again to discuss these matters of concerns."

When asked why he decided to intervene in a workplace culture issue that he declined to attribute to racism, Muhammad said he heard credible complaints that he felt were not being addressed.

"After interviewing several employees who didn't know each other, and interviewing them separately, the one thing and pattern that I'm getting from all of them is that there is something very unhealthy going on there [at SEPTA]," he said.

"I've already heard from the head the [Transport Workers Union Local] 234," he said. "Some people feel that these people are not the best cases to represent this kind of thing because of the infractions they have had."

When asked for comment, a Local 234 representative said that "all of the employees featured were properly represented and taken through the grievance procedure," and that he'd pass the comment request on to Transport Workers Union 234 President Willie Brown, who is black.

According to SEPTA, minorities make up 64 percent of the authority's entire workforce but fill only 32 percent of management positions. As of the start of the current fiscal year, SEPTA had 1,912 management employees and 7,505 union-represented employees.

Share this f v



SUBURBAN COMMUNITY HOSPITAL
PRIMARY

Hall, Paul
DOB: 5/26/1983 M33
Wt/Ht: 88.00 Kg 175.26 cm.
MedRec: H000476864
AcctNum: V00000252213

to SCH ED with a complaint of headache. He was in his usual state of health until yesterday at 8 PM he started to

have an acute onset headache at the frontal and top part of his head, that is dull, non-throbbing, in nature without any radiation, constant and 8/10. The headache was not associated with any focal neurologic

deficits; no blurry visions, no tinnitus, no numbness, no paresthesia, no weakness, no funny taste in mouth. He also didnt have any SOB, CP, dizziness, lightheadedness, nausea, abdominal pain, nor diaphoresis.

He reports was driving SEPTA bus for which he was a driver for for the past 10 years, had drove this particular bus (was not his regular bus) from 2 PM yesterday. Around 8 PM, had one of the passenger who

complained of a funny scent that smelled like car exhaust. He could not identify the source of the smell, nor was there any visible fume. Soon thereafter, he started to have the headache. He contacted the

supervisor, and all of the passengers were let out of the bus, and his supervisor had advised him to go to ER. Upon arrival, his initial BP was found to be 177/131, with P 85, RR18, T98.5, and oxygen saturation of

97% on room air. He reports he was diagnosed to have hypertension since year 2005, and was on Lisinopril 5 mg daily where his average blood pressure on the medication was 170s SBP and 90s DBP. His blood

pressure medication however was discontinued in year 2015, as his BP was deemed to be well controlled by his PCP. Of note, he denies of any family history of HTN, CVD, or any sudden cardiac death. At ED, patient

received Tylenol 650 mg, hydralazine 10 mg IV, and 0.2mg clonidine. His BP decreased to 129/76 by the time he was admitted to the floor. He had initially wanted to leave and signed the AMA, but later changed the

mind and is being admitted with a diagnosis of hypertensive urgency.

Review of Systems

Constitutional: Denies: Fatigue, General Weakness, Lightheadedness, Malaise, Weakness

Head and Neck: : Headache

Eyes: Denies: Blurred Vision, Diplopia, Vision Loss

Ears, Nose, Mouth, Throat: Denies: Tinnitus

Neurological: : Headache Denies: Focal Weakness, General Weakness, Paresthesia, Slurred

Speech, Tingling, Tremor

Cardiology: Denies: Chest Pain, Palpitations

Respiratory: Denies: Cough, SOB, SOB with Exertion

Gastrointestinal: Denies: Abdominal Pain, Nausea, Vomiting

Genitourinary: Denies: Dysuria

Musculoskeletal: Denies: Back Pain, Joint Pain, Joint Swelling

Integumentary: Denies: Lesion, Pruritus, Rash

Past Medical History

Medications

Home Meds Reviewed: Yes

Medication Comments

No home medication

Allergies



CARDIOLOGY CONSULTANTS
of PHILADELPHIA, P.C.

676 De Kalb Pike
Ste 106
Blue Bell, PA 19422
Phone: (610) 279-7696
Fax: (610) 279-7782

Chakram Nalini, M.D. FACC
Hugh Lipshutz M.D. FACC
Phillip Goldstein M.D. FACC
Albert Janke, D.O. FACOI
Vincent Quinn M.D. FACC

August 30, 2016

Dr. Marc Altshuler
833 Chestnut St Ste 301
Philadelphia,
PA, 19107

RE: HALL, PAUL
DOB: 05/26/1983

Dear Dr. Altshuler:

Thank you for referring your patient, Mr. Hall, for cardiac consultation. This pleasant gentleman is here for evaluation with regards to his hypertension. He was recently in the emergency room at suburban community Hospital with markedly elevated blood pressure of reportedly 200/130 mmHg after suspected smoke inhalation. He is a Septa bus driver by occupation. He was discharged on from the emergency room on lisinopril 10 mg daily. His subsequent blood pressure readings have been reportedly 130/80-90 mmHg. He had been treated for hypertension in the past and was taken off his antihypertensive medication about a year ago. He reported occasional symptoms of headaches. He denied any complaints of chest pain or shortness of breath. He has never had any prior cardiac workup. He denied any presyncopal or syncopal episodes.

PAST MEDICAL HISTORY

Hypertension
Gun shot wound-

ALLERGIES and INTOLERANCES

Mr. Hall is allergic to ZITHROMAX (AZITHROMYCIN).
He has no reported medication intolerances.

FAMILY HISTORY

Father (biol.): FH Cancer
Father deceased - testicular ca - age 52.

SOCIAL HISTORY

He drinks beer socially.

PHYSICAL EXAM

Vital Signs: BP: 140/90 mm Hg and 140/100 mm Hg [standard cuff size]
Height: 69 inches Weight: 200 pounds BMI: 29.64
General: In no acute distress.
Eyes: Conjunctiva and sclera clear.
Neck: Supple.
Lungs: Clear to auscultation.
Chest: No obvious deformity.
Heart: Regular rate and rhythm. Examination of neck veins reveals no neck vein distention. Carotid artery examination reveals no carotid bruits.
Extremities: There is no peripheral edema cyanosis or clubbing.

• Cardiovascular Disease • Critical Care Medicine • Interventional Cardiology • Electrophysiology •

Dictated but not read

PATIENT: HALL, PAUL
DOB: 05/26/1983

Abdomen: Soft and non-tender.
Musculoskeletal: Normal gait.
Neurologic: Oriented x 3 and neurologically non-focal.

ELECTROCARDIOGRAM

Electrocardiography today demonstrates normal sinus rhythm at a heart rate of 89 bpm. The PR interval is 170 msec, the QT interval is 380 msec and the corrected QT (QTc) interval is 462 msec. Nondiagnostic T abnormality.

IMPRESSION

1) Essential Hypertension : His diastolic blood pressure reading remains slightly elevated. I switched him over from lisinopril to lisinopril hydrochlorothiazide 10/12.5 mg daily. I advised him to start monitoring his blood pressure at home. He stated that he exercises regularly and watches his diet although admitted to consuming a lot of soup which could be accounting for his high blood pressure readings. He will cut back on this. He denied using any stimulants. I suggested getting a 2-D echocardiogram to rule out any structural cardiac abnormality. It is possible that his recent significant elevation of blood pressure reading was related to catecholamine surge with smoke inhalation. He is cleared from my perspective to resume driving.

2) Abnormal Electrocardiogram : Borderline T-wave abnormality. We'll rule out hypertensive heart disease.

He admitted to symptoms of snoring and was advised to be evaluated for sleep apnea.

CURRENT MEDICATIONS

Lisinopril-hydrochlorothiazide 10-12.5 mg tabs (once a day)
Sphygmomanometer misc (daily bp monitoring)

Thanks very much for allowing me to participate in Mr. Hall's care.

Sincerely,

Chakram Nalini, M.D

Cardiology Consultants of Philadelphia

Note: This letter was generated through use of voice recognition technology and as such may contain inadvertent transcription errors.

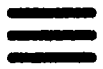
Physically signed by Chakram Nalini on August 30, 2016 5:10 PM

Clarke

2

Critical Care Medicine • Interventional Cardiology • Electrophysiology •

Dictated but not read



Abnormal dopamine levels

High dopamine levels may lead to the following symptoms:

- excess saliva
- digestive issues
- nausea
- hyperactivity
- attention deficit hyperactivity disorder (ADHD)
- anxiety and agitation
- insomnia
- delusions
- depression
- schizophrenia
- psychosis

Court Appointed Psych dr. found me to be psho - Bipolar June 2022

PHYSICAL CAPACITIES FORM

Patient Name: Paul Hau Account: _____ SSN: _____

NOTE: In terms of an 8 hour workday. Occasionally equals 1% to 33%. Frequently, 34% to 66%. Continuously, 67% to 100%.

I. In an 8-hour workday, patient can (Circle full capacity for each activity)

TOTAL AT ONE TIME

A.) Sit	—	0.	1.	2.	3.	4.	5.	6.	7.	8.	(hrs.)
B.) Stand	—	0.	1.	2.	3.	4.	5.	6.	7.	8.	(hrs.)
C.) Walk	—	0.	1.	2.	3.	4.	5.	6.	7.	8.	(hrs.)
D.) Drive	—	0.	1.	2.	3.	4.	5.	6.	7.	8.	(hrs.)

TOTAL DURING ENTIRE 8-HOUR DAY

A.) Sit	—	0.	1.	2.	3.	4.	5.	6.	7.	8.	(hrs.)
B.) Stand	—	0.	1.	2.	3.	4.	5.	6.	7.	8.	(hrs.)
C.) Walk	—	0.	1.	2.	3.	4.	5.	6.	7.	8.	(hrs.)
D.) Drive	—	0.	1.	2.	3.	4.	5.	6.	7.	8.	(hrs.)

II. Patient can lift:

	NEVER	OCCASIONALLY	FREQUENTLY	CONTINUOUSLY
A.) Up to 5 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B.) 6-10 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C.) 11-20 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D.) 21-25 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E.) 26-50 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F.) 51-100 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

III. Patient can carry:

	NEVER	OCCASIONALLY	FREQUENTLY	CONTINUOUSLY
A.) Up to 5 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B.) 6-10 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C.) 11-20 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D.) 21-25 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E.) 26-50 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F.) 51-100 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

No work

IV. Patient can use hands for repetitive action such as:

	SIMPLE GRASPING	PUSHING & PULLING OF ARM CONTROLS	FINE MANIPULATION
A.) Right	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
B.) Left	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

V. Patient can use feet for repetitive movement as in pushing and pulling of leg controls

RIGHT	LEFT	BOTH
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

VI. Patient is able to:

	NEVER	OCCASIONALLY	FREQUENTLY	CONTINUOUSLY
A.) Bend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B.) Squat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C.) Crawl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D.) Climb	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E.) Reach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

VII. Patient is able to perform activities involving:

	NEVER	OCCASIONALLY	FREQUENTLY	CONTINUOUSLY
A.) Unprotected heights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B.) Being around moving machinery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C.) Exposure to marked changes in temperature & humidity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D.) Driving automotive equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E.) Exposure to dust, fumes & gases	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

VIII. Can patient now work? _____ Part-time (hrs./day) _____ Full-time (yes) _____	Remarks: _____ _____ _____
--	----------------------------------

SIGNATURE OF PHYSICIAN: _____ DATE: 9/1/16
 NAME (PRINT): Business Health LICENSE NO.: _____ PHONE: 610-278-2801
 ADDRESS: 2705 DEXTER PK Norristown PA

Final determination as to the seriousness of the injury rests with the Medical Department.

Notice of sickness must be given by the employee to his supervisor prior to the reporting time of one's shift on the first day of one's intended absence due to sickness. In addition, verification of physical condition may be required and verified by an Authority representative.

Physical ailments, including but not limited to, diabetes, heart condition, epilepsy, loss of hearing, sleep disorders or eyesight, etc., which may affect an employee's ability to perform their duties or which may endanger themselves or others must be reported by an employee to the Authority's Medical Department as soon as such ailment is known to exist.

A doctor's certificate stating the nature of the sickness and certifying that the employee is fit for duty must be submitted to the Authority's Medical Department. The certificate must be signed by the employee's family physician or from the Authority's Medical Department. The Authority may require the employee to undergo a physical examination of the employee's condition. The Authority may require the employee to undergo a physical examination of the employee's condition. The Authority may require the employee to undergo a physical examination of the employee's condition.

The Authority's Medical Department may require the employee to undergo a physical examination of the employee's condition. The Authority may require the employee to undergo a physical examination of the employee's condition. The Authority may require the employee to undergo a physical examination of the employee's condition. The Authority may require the employee to undergo a physical examination of the employee's condition. The Authority may require the employee to undergo a physical examination of the employee's condition.

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Southeastern Pennsylvania Transportation Authority

RECEIVED

1234 Market Street, 6th Floor
Philadelphia, PA 19107-3780

Date:

JAN 22 2018

CERTIFICATE OF ATTENDING PHYSICIAN

SEPT 16

The patient named below is presently receiving monetary Sick Benefits due to his/her inability to perform his/her duties with this Authority. Please complete this certificate in full so that we may authenticate our employee's eligibility to continue receiving Sick Benefits.

If the patient is under your care but able to return to his/her regular duties, please state.

Name Paul Hall Acct. No. 19243
Address 8960 Lincolia Pkwy Wyndover Pk City Wyndover State PA Zip 19095

TO BE COMPLETED BY ATTENDING PHYSICIAN:

1. Patient's Name: Paul Hall
2. Diagnosis: Short achille tendon (n), (n) foot fx

3. Surgery: Contemplated ☐ Yes ☒ No When? _____
Performed ☐ Yes ☒ No When? _____

PLEASE ENTER DATES			PHYSICIAN'S NAME (Please print)	PHONE NUMBER
Date Patient was first physically unable to work.	MONTH	DAY	YEAR	
	8	21	17	215 596 1618
Date of first treatment.	MONTH	DAY	YEAR	
	9	13	17	
Date of more recent treatment.	MONTH	DAY	YEAR	
	1	16	18	
Date Patient will be able to resume work	write ten mnd			

NOTE: Disability benefits cannot be paid unless this certificate is completed. in full and returned to this office.



Southeastern Pennsylvania Transportation Authority

1234 Market Street, 6th Floor
Philadelphia, PA 19107-3780

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CERTIFICATE OF ATTENDING PHYSICIAN

The patient named below is presently receiving monetary Sick Benefits due to his/her inability to perform his/her duties with this Authority. Please complete this certificate in full so that we may authenticate our employee's eligibility to continue receiving Sick Benefits.

If the patient is under your care but able to return to his/her regular duties, please state.

Name Paul Hall Acct. No: 14243
Address 8460 Locust Ln. Apt 14 City Phila State PA Zip 19095

TO BE COMPLETED BY ATTENDING PHYSICIAN:

1. Patient's Name: Paul Hall
2. Diagnosis: Short Achilles tendon, (a) foot fx

3. Surgery: Contemplated ☐ Yes ☒ No When? _____
Performed ☐ Yes ☒ No When? _____

PLEASE ENTER DATES			PHYSICIAN'S NAME: (Please print)	PHONE NUMBER:
Date Patient was first physically unable to work	MONTH	DAY	YEAR	
	9	13	17	2158461618
Date of first treatment	9	13	17	
Date of more recent treatment	11	15	17	
Date Patient will be able to resume work	undetermined			
DATE OF EXECUTION: SIGNATURE				M.D.
12/12/17				

NOTE: Disability benefits cannot be paid unless this certificate is completed in full and returned to this office.

Other comments you may wish to offer _____

Hall, Paul (MRN 03412346)

**Jefferson Health.**JOICC MRI
850 Walnut Street
Philadelphia PA 19107
Tel: (215) 955-6226**JOICC MRI
Imaging Result**

Name: Hall, Paul DOB: 5/26/1983 Sex: Male

MRN: 03412346

Exam Date and Time: 10/27/2017 12:21 PM

Accession: E00435510

Exam: MRI foot right without contrast

Auth Prov: Daniel A Perez Reason for Exam: None Specified

Diagnosis: Closed fracture of metatarsal bone of right foot

Exam Type: MRI foot right without contrast

Exam Date and Time: 10/27/2017 12:21 PM

Exam Type: MRI RIGHT FOOT

Exam Date and Time: 10/27/2017 11:26 AM EDT

Indication: Forefoot tibial sesamoid fracture. Three month history of pain.

Comparison: No relevant prior studies in the Jefferson system for comparison.

IMPRESSION:1. Bipartite tibial sesamoid with osseous stress response.

2. First, second and third intermetatarsal bursitis.

TECHNIQUE:

MRI of the right forefoot was performed on a 1.5 Tesla system using a standard non-contrast protocol in three planes (axial, sagittal, and coronal).

FINDINGS:**OSSEOUS STRUCTURES:**

There is fragmentation of the tibial sesamoid with bone marrow edema along both fragments. The size of the fragments relative to the fibular sesamoid is more suggestive of bipartite sesamoid with stress edema rather than a fracture. Background marrow

Fri Oct 27, 2017 4:56 PM

Page 1 of 2

Hall, Paul (MRN 05412346)
signal is normal.

JOINTS:

Alignment is anatomic. Joint spaces are preserved without focal cartilage defect. No osseous erosions. No joint effusions.

PLANTAR PLATES:

Intact plantar plates without tear.

INTERMETATARSAL SPACES:

No intermetatarsal neuroma. There is first, second and third intermetatarsal bursitis.

TENDONS:

Flexor and extensor tendons intact without tendinosis or tear. No tenosynovitis.

LISFRANC LIGAMENT:

Plantar and dorsal bands intact.

MUSCLES:

Intrinsic musculature normal in bulk and signal.

SOFT TISSUES:

No subcutaneous edema. No fluid collection or soft tissue mass.

Signed By: Paul James Read, MD on 10/27/2017 4:51 PM

Subject: Re:

To: Victoria Miller <VMiller@twu234.org>

Am I being refused or denied representation?

On Mon, Oct 7, 2019 at 1:36 PM Pablo WitDa Good vibes Hoe <uptownph@gmail.com> wrote:

Does my case have merit to be taken to arbitration?

On Thu, Oct 3, 2019 at 11:06 AM Pablo WitDa Good vibes Hoe <uptownph@gmail.com> wrote:

I want my case to go to arbitration. I grounds grounds, I have physical evidence (mri images) I have standing.
Will the union stand with me?

On Thu, Oct 3, 2019 at 10:42 AM Pablo WitDa Good vibes Hoe <uptownph@gmail.com> wrote:

You have a duty of fair representation.

On Tue, Oct 1, 2019 at 11:56 AM Pablo WitDa Good vibes Hoe <uptownph@gmail.com> wrote:

I need a copy of septa's rule "safety over scheduling", or whoever they put it. I need to reference that rule. So I need it in its entirety

On Mon, Jul 15, 2019 at 4:24 PM Victoria Miller

(no subject)

Inbox



Pablo WitDa Good...

11/26/2018

to Victoria ✓



I've been asking about filing a grievance(s) and am uncertain if my questions are being purposely ignored. Am I being ignored with the intent to misled? Septa management informed me to talk with the union to file grievance(s). Did septa instruct me in the wrong direction? Will I be met with law enforcement when and if I come down to the union office?



me Dec 21, 2018

Yes. I need that info asap.



me Dec 21, 2018

to Victoria ▾



This is what the union is for correct? You guys still have yet to answer any of my questions pertaining to the "union" and it's duties. Show me where it's specified my representation is limited, as per full disclosure.

...



me Dec 27, 2018

to Victoria ▾



Speech is silver, silence is golden. Your silence is acquiesce as per full disclosure

...

To: **Southern Illinois University**
From: **Transport Workers Union of America**

Department: **Human Resources**
Position: **Assistant Vice President**
Working Conditions: **Working Conditions**
Date: **11/29/22**

The Union protects the Authority regarding representation and fair treatment of its members.
Sick Leave

Victor Miller
Signature of Union Representative

Date received by Chief Officer or Labor Relations Officer:

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[1] **THE COURT:** Okay. Let me ask you a
[2] quick question.
[3] When was he terminated?
[4] **THE WITNESS:** In 2018.
[5] **THE COURT:** In 2018?
[6] **THE WITNESS:** Yes.
[7] **THE COURT:** Okay, why was he
[8] terminated?
[9] **THE WITNESS:** He was terminated
[10] because he did not return to work and
[11] he lost all his sick time.
[12] **THE COURT:** Okay. Now it seems to
[13] me, a recurring theme is he wanted you
[14] to arbitrate. He wanted you as a
[15] union rep to push that forward; is
[16] that fair to say?
[17] **THE WITNESS:** That's fair to say.
[18] **THE COURT:** Did you ever arbitrate
[19] it?
[20] **THE WITNESS:** No, I did not.
[21] **THE COURT:** Why not?
[22] **THE WITNESS:** The Union did not
[23] arbitrate it because they found Paul in
[24] several lies.
[25] **MR. TEMPLE:** Objection to that.

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[1] **THE WITNESS:** When he went to --
[2] **MR. TEMPLE:** Objection to that.
[3] **THE COURT:** Strike that. Apparently
[4] the union made a decision not to
[5] arbitrate it for whatever reason.
[6] **THE WITNESS:** Correct.
[7] **THE COURT:** When did they make that
[8] decision, what year?
[9] **THE WITNESS:** 2018.
[10] **THE COURT:** And was he informed of
[11] that?
[12] **THE WITNESS:** Yes, he knew.
[13] **THE COURT:** He knew they weren't
[14] going to go forward?
[15] **THE WITNESS:** He knew they was not
[16] going forward.
[17] **THE COURT:** Okay.
[18] **MR. MALZ:** No further questions,
[19] Your Honor. I'd pass for cross.
[20] **THE COURT:** Cross-examine, counsel.
[21] - - -
[22] **CROSS-EXAMINATION**
[23] - - -
[24] **BY MR. TEMPLE:**
[25] **Q.** Ma'am, just looking through these things --

PL-1051 (04-17)

**Commonwealth of Pennsylvania
BUREAU OF MOTOR VEHICLES
IMPORTANT INFORMATION**

Enclosed you will find your Person with Disability Parking Placard designed to be hung from the vehicle's front windshield rearview mirror. NOTE: If this placard replaces any placard previously issued to you, the previously issued placard is no longer valid and should be destroyed. Your old placard need not be returned to PennDOT.

The placard is required to be displayed when the vehicle is parked in areas designed for use by persons with disability only and must not be displayed when the vehicle is being operated on the highway.

Please note, your placard contains an expiration date. The expiration date shown on your placard reflects the month and last two digits of the year in which it expires. Approximately two months prior to the expiration date listed on your permanent placard, you will receive a notice of renewal. You will be required to complete and return the renewal to PennDOT if you still require your person with disability parking privileges at that time.

Should you require additional information regarding the Person with Disability Parking Placard or its use, please contact PennDOT's Customer Call Center at: In State: 1-800-932-4600 - TDD: 1-800-228-0676
Out of State: 717-412-5300 - TDD: 717-412-5380 or write the Bureau of Motor Vehicles, P.O. Box 68268, Harrisburg, P.A. 17106 - 8268



**Please read the following information regarding the use and benefits
of your Person with Disability Interim Parking Placard I.D. Card.**

- This placard is to be used only when the vehicle in which it is displayed is parked and is being used for the transportation of the person with the disability.
- Any vehicle lawfully displaying the placard will qualify for parking in areas designated for use by persons with disability only.
- Your placard will not allow vehicles to park where parking is prohibited.
- Your placard may be used in passenger vehicles or other vehicles with a registered gross weight of not more than 14,000 pounds.
- Parking is permitted for 60 minutes in excess of legal parking except where local ordinances or police regulations provide for the accommodation of heavy traffic during morning, afternoon, or evening hours.
- At the request of a person with disability, your local municipal government authorities, (i.e. city, town, borough, township, etc.) may erect on the highway as close as possible to the person's residence a sign indicating that the place is reserved for a person with disability, that no parking is allowed there by others and that any unauthorized person parking there shall be subject to a fine.

DETACH AT PERFORATION

DETACH AT PERFORATION

**PERSON WITH DISABILITY INTERIM PARKING
PLACARD I.D. CARD**

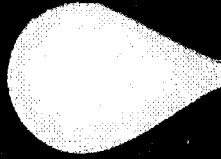
**(This I.D. card is to be used until your wallet size I.D.
card is received in the mail)**

Placard Number: C11406P
Expiration Date: 09/2026

MSG-ID:276015

PAUL KAHLIL-JASON HALL
59 E MONTANA ST
PHILADELPHIA, PA 19119-2211

**IMPORTANT: REMOVE BEFORE
DRIVING VEHICLE**



PENNSYLVANIA



**EXPIRES
LAST
DAY OF**

09-26

C11406P

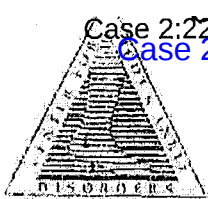
PERMANENT

Jan 28, 11:32AM

One day sitting in Driver's Break Room in the District I over heard Vivvian talking about how cool her and Stephan was and there relationship works on/based off if she gives him one he gives her one..as she was explaining to a new operator how she would represent them..explains why she saves her favors for her friend who are in her clique..

Mind you this explains how when I caught a preventable she told me there is no fighting you have to just sign and walk it off..understood but the title of a 234 Union Rep is to Represent Drivers of Frontiers Division...

This was a recieved Text from a former Co-worker at Septa. I believe this was referenced towards me.



Telephone 215.546.1618 • Fax 215.546.9905

University of Pennsylvania Health System
Presbyterian Medical Center[†]



November 15, 2017

RE: Paul Hall
MRN: 14969

Paul presents for ongoing right foot pain despite wearing CAM walker boot. His last visit to the office was on October 10, 2017. He has been wearing the boot for approximately two months. The patient denies fever, chills, nausea, vomiting, constitutional signs of infection, chest pain, or shortness of breath. He ambulates in a CAM walker boot with a Timberland type boot on the other side. The patient is frustrated with his progress and he would like to return to work; however, he states that he has been unable to formulate whether the injury have him to work or not.

PHYSICAL EXAMINATION: On today's exam, pedal pulses are 2/4 bilaterally. Capillary refill time is less than 3 seconds. There are no open abrasions or lesions. There are no signs of infection noted. He has pain in the second, third, and fourth metatarsal heads, fat pad atrophy noted and diffuse hyperkeratosis. He has a mild equinus deformity with the knee flexed and extended. He has significant pain on palpation of the right tibial sesamoid. There is adequate range of motion of the first metatarsophalangeal joint. There is mild edema. His epicritic sensation is otherwise intact. Gross motor function is intact, T12 through S2.

ASSESSMENT AND PLAN: At this time, the patient presents with MRI from Jefferson. I agree with the radiologist's review of bipartite tibial sesamoid with osseous stress response as well as first, second, and third intermetatarsal bursitis. Given the stress reaction, we discussed an overuse-type injury which may have been aggravated by a traumatic event approximately two months ago. The patient is frustrated with his progress and on today's visit we fitted him with a modified insert for his CAM walker and we ordered formal dancer's pad for the boot and we will start him on Medrol Dosepak to help with any inflammation. If this does not work, we will continue with the dancer's pad and discuss the possibility of corticosteroid injection in the area to calm down any inflammation. He will call with any questions and left the office fully informed. The patient will follow up with Dr. Perez in three to four weeks' time.

Dr. Harold D. Schoenhaus
Co-Director - Penn Wound Care Center
Diplomate - American Board of
Foot & Ankle Surgery
Fellow - American College of
Foot & Ankle Surgery
Email: POD211@aol.com

Dr. Michael A. Troiano
Co-Director - Penn Wound Care Center
Diplomate - American Board of
Foot & Ankle Surgery
Fellow - American College of
Foot & Ankle Surgery
Email: michaeltroiano@msn.com

Dr. Daniel A. Perez
Associate - American Board of
Foot & Ankle Surgery
Email: dperez8@gmail.com

10/1/2014	chk# PSID52570253 Web PSID 52570253 - ACH		1,120.07	0.00	730793
11/1/2014	Electric Charges	25.06		25.06	1007677
11/1/2014	Water Charges	14.53		39.59	1007678
11/1/2014	Trash & Sewer	21.00		60.59	1007679
11/1/2014	Garage Rental (11/2014)	50.00		110.59	1015608
11/1/2014	Rent (11/2014)	1,014.00		1,124.59	1015609
11/1/2014	chk# PSID55226526 Web PSID 55226526 - ACH		1,124.59	0.00	746588
12/1/2014	Garage Rental (12/2014)	50.00		50.00	1028370
12/1/2014	Rent (12/2014)	1,014.00		1,064.00	1028371
12/1/2014	Electric Charges	26.67		1,090.67	1030636
12/1/2014	Water Charges	13.33		1,104.00	1030637
12/1/2014	Trash & Sewer	21.00		1,125.00	1030638
12/2/2014	chk# PSID57590048 Web PSID 57590048 - ACH		1,125.00	0.00	763440
1/1/2015	Electric Charges	61.01		61.01	1053032
1/1/2015	Water Charges	12.47		73.48	1053033
1/1/2015	Trash & Sewer	21.00		94.48	1053034
1/1/2015	Garage Rental (01/2015)	50.00		144.48	1056550
1/1/2015	Rent (01/2015)	1,014.00		1,158.48	1056551
1/1/2015	chk# PSID59231627 Web PSID 59231627 - ACH		1,158.48	0.00	776785
2/1/2015	Garage Rental (02/2015)	50.00		50.00	1079222
2/1/2015	Rent (02/2015)	1,014.00		1,064.00	1079224
2/1/2015	Electric Charges	84.14		1,148.14	1083993
2/1/2015	Water Charges	14.16		1,162.30	1083994
2/1/2015	Trash & Sewer	21.00		1,183.30	1083995
2/2/2015	chk# PSID61011376 Web PSID 61011376 - ACH		1,183.30	0.00	791498

I Lost this Apartment due to
Septa and Local 234

(Towers at Wyncote
8460 Linckih Pike Apt 619
Wyncote PA 19095

ON THE MOVE

Official Publication of TWU Local 234

www.kylocal234.net

5-2-22

Paul Hall's bullying, malicious lies and harassment must stop

Former Frontier bus driver Paul Hall has been covered in *several* harassment stories over the last few years and he's tried to make our members in the swamp with him. Here's the story.

Hall has been bullying and harassing about his injury. Vic Miller, blaming her for the injury and the fact that he will lose his job. After being out over 600 days of sick leave, and being paid by SEPTA, he still refused to return to work when he came back.

Subject of Paul Hall's not doing any work.

On March 18, 2018, Hall received a 20-day sick leave. His sick leave was not used until April 18, 2018. During the 20 days he did not go to work. He did not ask for any accommodation, and he could return to work. As a result, SEPTA dropped him from the rolls as it has done whenever an employee runs out of sick leave.

While working for SEPTA Hall purchased AFLAC insurance so he could receive pay while out sick. In fact, he made a habit of going in the sick book for long periods of time during the summer.

In 2017, while out of work, AFLAC denied Hall's claim for sick pay, thinking that he was injured on the job. In order to receive his AFLAC benefits, Hall asked Frontier Director Stephan Walters to write a letter stating that his absence was *not work related* but due to sickness. On November 16, 2017, Walters provided Hall with the letter he requested. Hall gave the letter to AFLAC and he received his sick pay.

However, with his sick leave about to expire, Hall flipped the script, telling Miller that he was out due to a *work related injury* and that he planned to sue SEPTA for workers comp. Hall retained Pond, LeHocky, Stern, and Glendon to pursue his claim. In the meantime, SEPTA dropped Hall from the rolls on April 18, 2018. The Union filed a grievance on his behalf—standard practice when members receive a drop letter—meaning that he would be placed on the Priority Recall List, which gave him two more years to return to work and not lose his job.

Hall got excellent advice from the Union, but failed to follow it

It was around this time that Hall started harassing Miller and lying about the representation he received from the Union. Hall started referring to Miller and our union rep as "dumbass", "dumb motherfuckers", etc. and claimed that the Union failed to help him. He did this with a barrage of emails, texts, Facebook messages, Facebook posts, etc. The truth is Hall got *excellent advice from Miller and Vic Miller*, but he ignored her advice because he really didn't want to come back to work for SEPTA.

At the time, Hall and his lawyers pursued his workers comp claim. During his comp hearing, Hall said that he was injured while at work and that the injury was so bad that he was unable to do his job. However, Hall was confronted with Stephan Walters' letter to AFLAC that he was *not work related* and with the fact that he had been working for home

...care while out sick! In other words, Hall got caught in a trap he himself set. He can't explain why he filed a sick claim with AARP. He couldn't explain how he was able to get his shoes on but was unable to do the same for himself. The workers comp judge found his testimony unbelievable, so he dismissed the claim, and left Paul Hall empty with nothing to appeal.

However, the comp case ended with no time for Hall to return to work from the Priority Recall List, but he didn't even try. On April 1, 2020, two years after being dropped, Hall lost the right to return to his job as a bus operator and there was nothing the Union could do on his behalf.

So what did Paul Hall do? Did he stop? No! He continued his campaign of lies and harassment. He showed up at the Union Hall and started the lobby which resulted in the secretary having to call the police. A few months later he had to be physically escorted off the property, so he continued his harassment of Miller electronically. The Union sent Hall a letter to cease and desist, but he ignored it.

Under the Pennsylvania criminal code, Hall's guilty of harassment

Section 18 Pa. C.S. §2709 of Pennsylvania's Criminal Code provides that a person commits the crime of Harassment when, with intent to harass, annoy or alarm another, the person:

...engages in a course of conduct or repeatedly commits acts which serve no legitimate purpose; communicates to or about such other person any lewd, lascivious, threatening or obscene words, language, drawings or caricatures; communicates repeatedly in an anonymous manner.

There is no doubt that Hall's persistent attacks against Miller are crimes under Pennsylvania law. In fact, after considering a criminal complaint prosecuted by the District Attorney's office, a judge, assigned to the Criminal Section of Philadelphia Municipal Court, entered a Protective Order forbidding Hall from "contacting or intimidating" Miller either personally or by family, friends, or acquaintances. Further, the Court's January 3, 2022 Order forbid Hall from having any communication whatsoever, directly or indirectly, with her, except through an attorney.

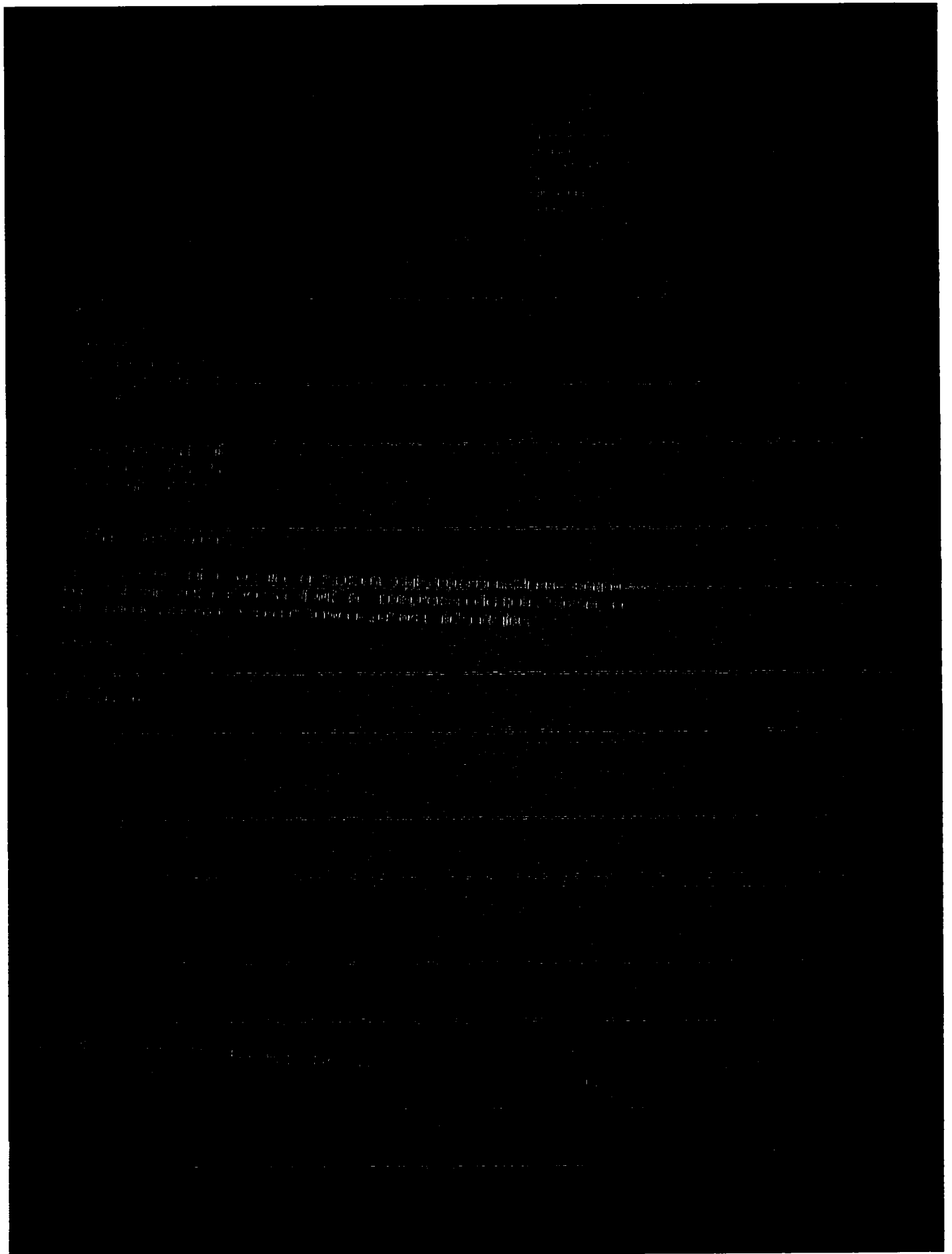
Hall will soon to face contempt charges for violating a court order

In a hearing held on April 12, the Court extended the Protective Order. However, just hours later Hall violated it, by sending harassing messages to Miller, and by spreading lies about her on social media. Hall has also tried to enlist the help of other Local 234 members in his criminal conspiracy. To this we say: (1) if you're listening to Paul Hall you're hearing a pack of lies; and, (2) if you participate in his vendetta you will also be facing a criminal complaint.

In addition, a court hearing will soon be held to consider contempt charges against Hall. Unfortunately, just like he did with SEPTA, Hall is giving the Judge little alternative but to find him in contempt, possibly subjecting himself to a period of incarceration.

Paul Hall could have easily walked away from all of this. All he had to do was move on with his life. Instead, he has done everything to defy the law and the Court. It's hard to know exactly why he's doing what he's doing, but it certainly seems that Paul Hall has mental health issues he is unwilling to address. Hopefully, he'll come to his senses before it's too late, but given his track record it's doubtful that he will.

WE MUST AND WE WILL



PARKSIDE FAMILY MEDICINE

515 WEST CHELTEN AVENUE
(HATHAWAY HOUSE)
PHILADELPHIA, PA 19144

Daniel A.Schwartz, D.O.

Lindsay Good, CRNP

Glenn D. Rosen, M.D.

TELEPHONE: (215) 848-6700

FAX: (215) 843-0770

Patient: Paul Hall

DOB: 05/26/1983

Age: 39 years

Sex: male

Chart #: 26809

Primary Insurance: Health Partners

Date of Service: 11-15-2022

VITAL SIGNS

Blood Pressure 1: 122/78 , Sitting, Taken By: Ortiz, Glorimar

Height: 5 ft 9 in | No Change since (5/24/2022)

Weight: 200 lbs | Gained: 8 lbs 0 oz since (5/24/2022)

BMI: 29.532

CHIEF COMPLAINT/HISTORY

Patient was released from jail on 10/17/2022 and needs a referral for mental health- Salisbury Behavioral Health or Lenape. He was diagnosed by a court appointed psychiatrist with psycho bipolar and needs a social worker referral as well.

He has chronic R foot pain and wants advise on if he should go back to driving heavy machinery since he was previously a Septa bus driver. He has stress fractures of the 2nd 3rd and 4th metatarsal and bursitis. He had the nerves taken out in April, but the pain has not been relieved; pain is a constant 9/10, described as shooting and aching, He is able to walk on it but it is painful, He has taken tylenol and ibuprofen but it only provides short term relief.

Patient is requesting chronic pain management, as well as routine blood work and a B12 shot. He also would like a print out of B12 injection history.

He also needs a refill for his albuterol inhaler.

REVIEW OF SYSTEMS

CONSTITUTIONAL: The patient reports no generalized pain, headache, chills, fever, night sweats, recent fatigue, systemic illness or recent weight gain/loss.

HEAD: The patient denies the following symptoms: blurred vision, fainting, head trauma, headache, and seizures.

EYES: The patient denies any visual changes, eye disease/injury, and blurred/double vision.

ENT: The patient denies the following symptoms: hearing loss, tinnitus, earaches/drainage, epistaxis, sinus problems, mouth sores, bleeding gums, and sore throat/voice changes.

RESPIRATORY: The patient denies the following symptoms: cough (productive/non-productive), hemoptysis, SOB, wheezing, dyspnea, chest pain, orthopnea, and paroxysmal nocturnal dyspnea.

CARDIOVASCULAR: The patient denies the following symptoms: chest pain, palpitations, dyspnea, fatigue, weight gain, syncope, and extremity pain/swelling.

GASTROINTESTINAL: The patient denies the following symptoms: loss of appetite, nausea, vomiting, abdominal pain and change in bowel habits.

GENITOURINARY: The patient denies the following symptoms: frequency, urgency, burning/painful urination, straining, blood in urine, UTI, incontinence, and kidney stones.

NEUROLOGICAL: The patient denies the following symptoms/issues: frequent/recurring headaches, dizziness, convulsions, numbness/tingling sensations, stroke, paralysis, concussion, and tremors.

GENERALIZED PAIN: The patient reports no generalized pain.

MSK: R foot pain
Psych: depression and bipolar

PATIENT HISTORY

There has been no changes in the patient's medical history since their last visit..

Medical History:

Family History:

Surgical History:

Social History:

PHQ Depression Screening Completed - AT RISK - SEE ASSESSMENT AND PLAN.

Occupation:

Fall Risk/Safety Screening Completed - NO RISK.

ALLERGIES
azithromycin

CURRENT MEDICATIONS

albuterol sulfate HFA 90 mcg/actuation aerosol inhaler: Take 1 puffs puff(s) Every 4 hours, Qty: 1 Gram, Refills: 5,
Prescribed by: Glenn Rosen, MD.
sertraline 25 mg tablet: Take 1 tablet orally Every day, Qty: 30 Tablet, Refills: 3, Prescribed by: Daniel Schwartz, DO.

PHYSICAL EXAMINATION

CONSTITUTIONAL: This is a well appearing male.

HEENT: Head is normocephalic/atraumatic. PERRLA, conjunctiva normal, sclera is anicteric. No stomatitis or mucositis, and gingiva are normal. Oral hygiene is good. Pinna, external auditory canals, and TM's appear normal.
NECK/THYROID: The neck veins are flat. Hepatojugular reflex is negative. Trachea is in the midline. Thyroid is normal with no evidence of enlargement, goiter, or nodules.

RESPIRATORY: Examination reveals normal respiratory effort. Lungs are clear and equal bilaterally.

CARDIOVASCULAR: Exam reveals regular heart rate and rhythm, NO MURMUR.

CHEST/BREAST: Examination reveals chest wall is free of abnormalities.

ABDOMEN: The abdomen is nondistended and bowel sounds are normal in all quadrants. Upon palpation, there is no evidence of tenderness or hepatosplenomegaly.

LYMPHATIC: Peripheral lymph nodes are nonpalpable.

EXTREMITIES/PULSES: Examination reveals upper and lower extremities to be negative for clubbing, cyanosis, or edema. Capillary refill is brisk. Femoral, popliteal, dorsalis pedis, and posterior tibial pulses are all normal.

INTEGUMENTARY: Examination of the skin reveals no abnormalities. Palpation of the skin and subcutaneous tissue is normal.

NEUROLOGIC: The patient is awake, alert, and oriented x3.

PSYCHIATRIC: The patient's affect is grossly normal and there is good eye contact.

INTEGUMENTARY: Right foot incision non erythematous, no discharge and no edema. Examination of the skin reveals no abnormalities. Palpation of the skin and subcutaneous tissue is normal.

MSK: limited ROM of L toes

Prior Lab Results**eGFR AFRICAN AMERICAN**

03/22/22 123 mL/min/1.73m2

03/22/22 123 mL/min/1.73m2

eGFR NON-AFR. AMERICAN

03/22/22 107 mL/min/1.73m2

03/22/22	107 mL/min/1.73m2
Hemoglobin	
03/22/22	17.4 g/dL
Creatinine	
03/22/22	0.91 mg/dL
03/22/22	0.91 mg/dL

ASSESSMENT**PRE-EXISTING DIAGNOSES:**

Anxiety disorder, unspecified (F41.9)

Depression, unspecified (F32.A)

Diverticulitis of intestine, part unspecified, with perforation and abscess without bleeding (K57.80))

All medical conditions stable. Patient advised to continue current medication/s and treatment plan/s. Patient understands and agrees to plan, Discussed diet, exercise and life style modifications

Depression/ Anxiety - stable - continue current medications. Would like referral to Salusberry Behavior Health and B12 Shot

Asthma - stable - continue current medication and treatment- needs albuterol refill

Right Foot incision - continue tylenol and ibuprofen as needed, referral to PT

Renewed prescriptions:

albuterol sulfate HFA 90 mcg/actuation aerosol inhaler: Take 1 puffs puff(s) Every 4 hours, Qty: 1 Gram, Refills: 5,

Renewed by: Glenn Rosen, MD.

Procedures ordered or performed:

Office Visit Outpatient Estab (3) (99214): DX 1: F41.9 , DX 2: F32.A , DX 3: K57.80..

Electronically signed by: Glenn Rosen, MD 11-15-2022 3:04 p.m.

ICR90000322021
aul Hall

Motion Volume 1
April 12, 2022

Page 33

Page 34

1) **MR. TEMPLE:** I'm going to object to
2) that.
3) **THE WITNESS:** We are under a
4) contract.
5) **MR. TEMPLE:** Judge, I'm going to
6) object. This appears non-responsive.
7) **THE COURT:** You got to answer the
8) question.
9) **THE WITNESS:** Okay, so.
0) **THE COURT:** What was his position at
1) SEPTA?
2) **THE WITNESS:** He was a bus operator.
3) **THE COURT:** A driver, okay.
4) **THE WITNESS:** Yes.
5) **BY MR. MALZ:**
6) **Q.** Does he still work at SEPTA?
7) **A.** No, he does not.
8) **Q.** When did he stop working for SEPTA?
9) **A.** In 2018 if I'm not mistaken.
0) **Q.** And what happened since 2018 with him, if
1) anything, that brings you into court today?
2) **A.** Harassment.
3) **MR. TEMPLE:** I'm going to object and
4) move to strike; legal conclusion.
5) **THE COURT:** Yea, just word it a

1) little bit better, counsel.
2) **BY MR. MALZ:**
3) **Q.** Miss Miller, could you describe the
4) interactions you had with Mr. Hall since he left
5) SEPTA?
6) **A.** Harassment from Facebook.
7) **MR. TEMPLE:** Object and move to
8) strike.
9) **THE COURT:** All right. Ma'am, I
10) know what you're saying, harassment,
11) and maybe it is harassment, but just
12) explain what he did.
13) **THE WITNESS:** Okay.
14) **THE COURT:** Do you know what I mean?
15) **THE WITNESS:** Yes. All right.
16) **A.** He's been sending me e-mails, text
17) messages, Facebook videos, Facebook posts
18) non-stop.
19) **Q.** When you say "non-stop," how frequently?
20) **A.** At one point what brought me to bringing
21) him to court was it became a daily thing. It
22) became daily. He was on Facebook daily with
23) something different.
24) **Q.** Were these messages just directed at anyone
25) on Facebook or directed at somebody specifically?

No evidence of such allegations were brought
to court throughout this process

**Shirley Hall
59 East Montana Street
Philadelphia, PA 19119**

Dear Sir/Madam:

To my best of my knowledge and memory, early Wednesday, September 16, 2021, a mid-sized, Caucasian male hand delivered an envelope to the home at the above address.

Baffled seeing him come down my house steps, I introduced myself and asked what or who did he want. Harsh and tough, he responded "Paul Hall". Okay, I am his "mother". His response "make sure he comes to court". No mention of the letter he left on the step inside the screen door. Mind you, there are two doors: a screen and a steel black and white house door with a mail slot for mail. If the envelope contained such important court information for "Paul Hall" to come to court, why was the important court information left on the step outside of the main door to the house which has a mail slot?

Who was this man? A police or enforcement officer? When I saw the envelope on the step floor, all kinds of things went through my head. I was nervous! He scared me! He did not inform me who he was. He was just harsh and supposed to come off as tough. When my son came home, I lit in on him about the incident explaining my fear of having my door kicked in and how the gentleman asserted himself scaring me to death!



Socially Detached <uptownph@gmail.com>

(no subject)

1 message

Socially Detached <uptownph@gmail.com>
To: uptownph@gmail.com

Mon, Nov 28, 2022 at 11:10 AM

**Page 55**

[1] **A.** That's my answering service at the Union

[2] Hall.

[3] **Q.** And so you received that message

[4] personally?

[5] **A.** Yes.

[6] **Q.** Miss Miller, have I showed you all the

[7] contacts that Mr. Hall made with you since

[8] leaving SEPTA?

[9] **A.** When you say "contacts," what you mean?

[10] **Q.** Have I shown you all the instances of text

[11] messages, Facebook posts, or phone calls or any

[12] other sort of contacts that Mr. Hall made

[13] directly towards you since you (sic) left SEPTA?

[14] **A.** No, it's many, many more.

[15] **Q.** And were you able to collect every single

[16] instance of these contacts that he made and

[17] directed towards you?

[18] **A.** No, I did not.

[19] **Q.** When you went looking for information to

[20] support your private criminal complaint that you

[21] filed, did you personally collect some of the

[22] screenshots you saw, and some of the videos you

[23] saw?

[24] **A.** Yes, I did.

[25] **Q.** Were there videos you looked -- were you





Socially Detached <uptownph@gmail.com>

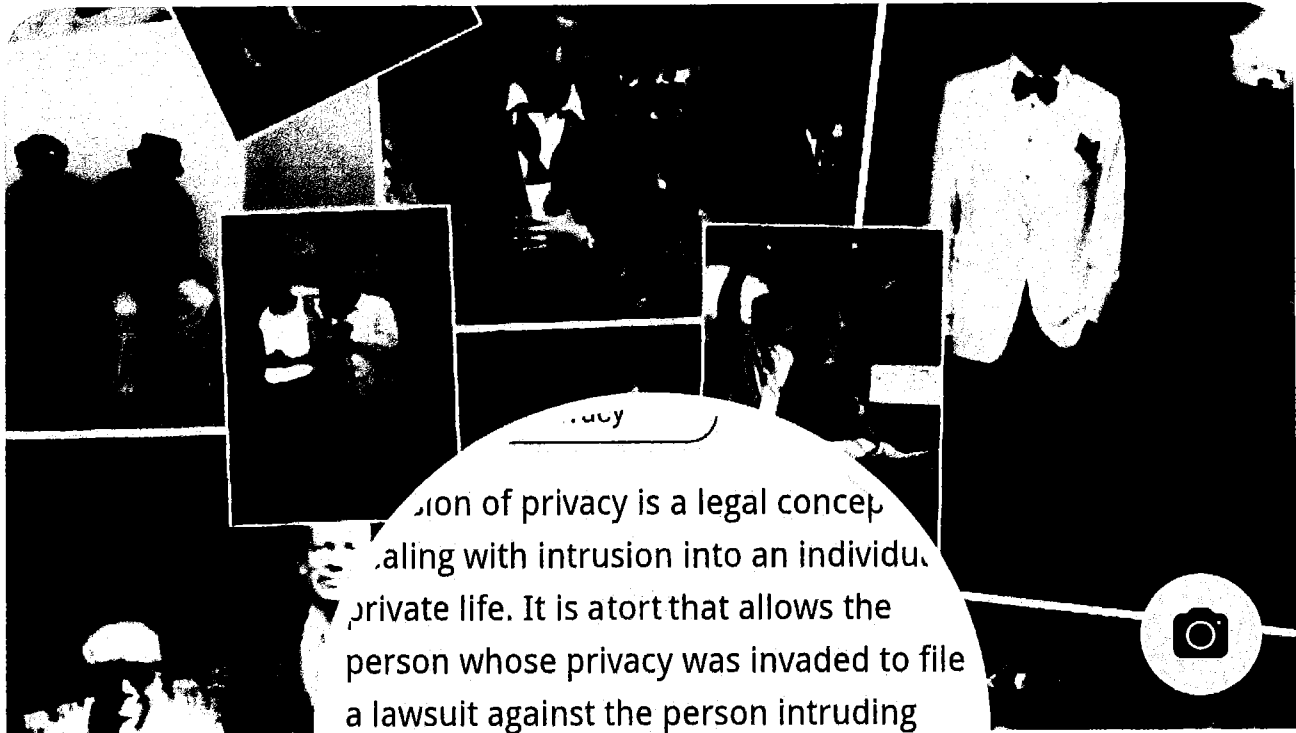
(no subject)

1 message

Socially Detached <uptownph@gmail.com>
To: uptownph@gmail.com

Mon, Nov 28, 2022 at 11:15 AM

This is my FB Avitar



...ion of privacy is a legal concep
dealing with intrusion into an individu
private life. It is a tort that allows the
person whose privacy was invaded to file
a lawsuit against the person intruding
upon his or her privacy. Laws governing
the right to privacy do not treat all peopl
the same, however, as public figures,
such as politicians, are common
and the same rights of priv
To explore this con

Paul Hall (Ph)

currently being framed by SEPTA AND TWU
LOCAL234 They tampered with legal docs to
have me convicted



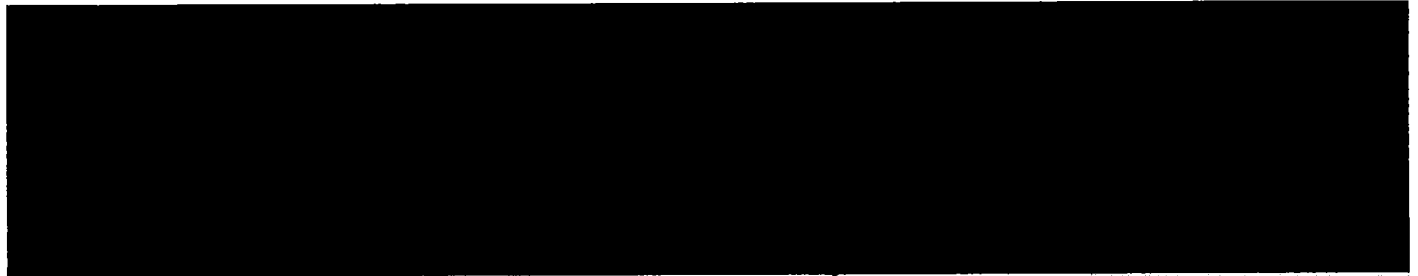
Socially Detached <uptownph@gmail.com>

(no subject)

1 message

Socially Detached <uptownph@gmail.com>
To: uptownph@gmail.com

Mon, Nov 28, 2022 at 11:12 AM



HIPAA Privacy



Invasion of privacy is a legal concept dealing with intrusion into an individual's private life. It is a tort that allows the person whose privacy was invaded to file a lawsuit against the person intruding upon his or her privacy. Laws governing the right to privacy do not treat all people the same, however, as public figures, such as politicians, are commonly not afforded the same rights of privacy as laypeople. To explore this concept

and/or any other matters that may arise in the above-referenced matter before Your Honor. I would like to inform Your Honor that I intend to present the testimony of Stephen Walters at the hearing. I expect the testimony to be heard by Your Honor in person. I have previously informed counsel for Claimant David Stern, of my intention to present the testimony at Tuesday's hearing.

Very truly yours,
NAPLES LAW, LLP

By:  Bethann R. Naples

Bethann R. Naples (via e-mail only)

Judge's Name: Debra Lee Bowers

Judge's District: Eastern

Workers' Compensation Judges' Procedural Questionnaire

Workers' Compensation Automation and Integration System (WCAIS) is the official repository for all documents related to a Dispute (matter pending) before a Worker Compensation Judge. All documents, including evidence and briefs, that would have been submitted to a Workers' Compensation Judge by mail or in person prior to WCAIS should now be uploaded into WCAIS. If Social Security numbers appear on any such document, the first five numbers should be redacted before the document is uploaded, unless otherwise specified below. Requests, such as Requests for Continuance and Subpoenas, should also be made through WCAIS.

Table of Contents

- A. First Event/First Hearing
- B. Witnesses/Exhibits
- C. CCRs/Suppositions
- D. Case of Record/Briefs
- E. Mandatory Mediations
- F. Voluntary Mediations
- G. Requests/Miscellaneous

First Event/Hearing:

1. What is the first event (i.e., pretrial, hearing, conference call) and what will occur at the first event with the judge?
- Pretrial hearings will be pretrial hearings or supersedeas hearings at which point issues will be narrowed, mandatory mediation and the mandatory trial schedule will be discussed, and a final hearing will be scheduled. testimony will not be taken unless it is a compromise and release hearing.

2. Are you able to control the order of events at the first event with the judge? If so, what will be the order of events?

Yes

3. What will be the order of events?

Pretrial hearing

4. What is the order of events at the first event with the judge? If so, what will be the order of events?

Pretrial hearing

5. What is the order of events at the first event with the judge? If so, what will be the order of events?

Pretrial hearing

6. What is the order of events?

Pretrial hearing

Further explanation:

I have no preference with respect to the manner of presentation of the witnesses. I will permit testimony at the final hearing, although notice of the identity of the witness(es) is necessary, preferably at least ten days in advance. However, either party may request an interim hearing for the purpose of presenting testimony, and their request(s) will be honored so long as appropriate notice is provided to his or her opponent.

9. Under what circumstances will you permit a party or witness (including an expert witness) to testify by deposition or by phone, rather than appear at the hearing?

Any witness may testify by deposition, including by telephone, by agreement of the parties. A witness may testify at hearing by telephone for good cause shown.

10. What is your procedure regarding the order of testimony with respect to submission of medical evidence, particularly when cross petitions are filed?

The order of evidence and manner of presentation of the evidence will be discussed and determined on a case by case basis at the first hearing.

11. Do the parties need to upload the Bureau documents as exhibits or will they automatically be made Judge Exhibits? **Parties Upload** ☒ **Judge** ☐

12. Do you require that counsel upload exhibits to WCAIS before or after the hearing? If before, what is the latest day before the hearing that they may be uploaded? **Before** ☒ **After** ☐

Further explanation:

The evidence must be uploaded in advance of the hearing at which it is to be introduced. However, evidence may be uploaded at any time.

JUDGE NAME: Debra Lee Bowers **DISTRICT:** Eastern **ASSIGNED OFFICE:** Malvern

Assistant's Name: Lynne Cordle **Assistant's email:** dcordle@pa.gov

Assistant's Commonwealth Direct Dial Phone Number: (610) 251-2878

JUDGE'S PROCEDURAL RULES AND POLICIES

Workers' Compensation Automation and Integration System (WCAIS) is the official repository for all documents related to a Dispute (matter pending) before a Workers' Compensation Judge. All documents, including evidence and briefs, that would have been submitted to a Workers' Compensation Judge by mail or in person prior to WCAIS should now be uploaded into WCAIS. If Social Security numbers appear on any such document, they should be completely redacted before the document is uploaded, unless otherwise specified below. All communications with the Judge, including but not limited to requests, should be submitted through WCAIS unless otherwise specified by the Judge.

HEARING PROCEDURES

1. What is the first event and what will occur?

First Hearings will be pretrial hearings or supersedeas hearings at which point issues will be narrowed, mandatory mediation and the mandatory trial schedule will be discussed, and a Final Hearing will be scheduled. Testimony will not be taken unless it is a Compromise and Release hearing. All first hearings will be conducted by Teams.

a. List any documents required at the first event:

While first hearing filings are not required, the parties should be prepared to discuss the identity of the witnesses and the manner in which their testimony will be presented. The moving party should be prepared, with any pertinent exhibits uploaded, to discuss its burden of proof.

b. Should documents be uploaded as Exhibits or Letters to the Judge?

Exhibits.

2. Describe the format of your hearings (e.g., serial, one day – one trial).

The pre-trial hearing will be used to narrow the issues, discuss the manner of presentation of the evidence, assess a trial schedule, discuss mandatory mediation, and schedule a second and/or final hearing. The parties are expected to complete their evidence accordingly. Uploaded Requests to extend the evidentiary deadlines will be considered for good cause shown. An interim hearing may be listed at the request of the parties. This format is very flexible, so the needs of the parties are addressed throughout the progression of the case.

3. Are you willing to change the hearing format upon request?

Yes, if the requested change is appropriate for the case.

4. What factors will you consider in deciding whether to conduct a hearing in-person?

Whether a remote hearing will be appropriate or whether an in-person hearing is necessary.

5. What factors will you consider in deciding whether to conduct a virtual hearing by audio only or by audio with video?

2. Do you require testimony at a virtual hearing, an in-person hearing, or by deposition?

A particular method of producing testimony is not required. A deposition or Teams hearing is acceptable, and an in-person hearing may be conducted if it is determined necessary.

3. Under what circumstances will you change your requirements for presentation of testimony?

The method of presentation of testimony will be decided at the pre-trial hearing. If either party wishes to have a witness testify by deposition rather than at a Teams hearing, and there is no objection, the deposition may proceed. If there is an objection to a deposition, a hearing should be requested, and the objection will be ruled upon on the record at a hearing. In-person hearings will be held if determined necessary.

4. If counsel wishes to present the testimony of a witness (either virtually or in-person), do you require prior notice? Only if the matter was not discussed at the pre-trial hearing or another hearing. If yes, how much notice do you require? As much notice as possible, but at least two days.**5. What is your procedure regarding the order of expert medical testimony when cross petitions are filed?**

Each case will be assessed at the pre-trial hearing, and the parties will be advised of the order of the evidence at that time.

6. Do the parties need to upload the Bureau and WCOA documents as exhibits or will you admit them electronically as Judge exhibits?

The parties should upload the Bureau and WCOA documents.

7. Do you require counsel to upload exhibits to WCAIS before or after the hearing? Before. If before, how far in advance of the hearing must they be uploaded? The evidence must be uploaded in advance of the hearing at which it is intended to be admitted. However, evidence may be uploaded at any time.**8. When will you rule on objections to exhibits?**

Each case is different, and rulings will be issued as appropriate.

9. What is your procedure for handling discovery disputes?

Discovery disputes are typically addressed on the record at a hearing. Telephone conferences will not typically be used to handle objections.

10. What is the last day to file written preservations of deposition objections?

Written preservations of deposition objections may be submitted with the briefs unless a ruling is necessary prior to the submission of the briefs. If a ruling is necessary prior to submission of the briefs, the party requesting the ruling should raise the issue on the record at or before the final hearing.

COMPROMISE & RELEASES (C&Rs)**1. Describe your procedures regarding the review of C&R Agreements:**

C & R Agreements should be uploaded in advance of the hearing.